



COMPEX
Legal Services, Inc.

4870 Sadler Road, Suite 300

Glen Allen, VA 23060

FAX: (888) 531-2922

PHONE: (888) 531-2919

AUTHORIZATION TO COPY RECORDS ATTACHED

ORDER# : G81944-K

LOCATION : UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
61 FORSYTH STREET SOUTHWEST
ATLANTA, GA 30303
ATTN: CUSTODIAN OF RECORDS

RECORD SUBJECT : SMITH, DELORES

AKA :

DOB : 07/17/1966

SSN : XXX-XX-1626

ITEMS REQUESTED :

ALL DOCUMENTS AND RECORDS PERTAINING TO THE EMPLOYMENT AND/OR EARNINGS OF THE PLAINTIFF, INCLUDING ALL PAYROLL, THE APPLICATION FOR EMPLOYMENT, WORK ABSENCE RECORDS, 1099 FORMS, INCIDENT REPORTS, TIME CARDS, AND PRE-EMPLOYMENT AND EMPLOYEE PERFORMANCE RECORDS, FROM THE FIRST DATE OF EMPLOYMENT, UP TO AND INCLUDING THE PRESENT.

A COPY OF THE FRONT, BACK AND INSIDE OF PAPER FILE JACKETS MUST BE INCLUDED WITH THIS PRODUCTION OF DOCUMENTS.

Attention: CUSTODIAN OF RECORDS
UNITED STATES ENVIRONMENTAL PROTECTION
AGENCY
61 FORSYTH STREET SOUTHWEST
ATLANTA, GA 30303

Due Date: 04/04/2016
Compex Order #: G81944 K
Records Of: SMITH, DELORES
DOB: 07/17/1966, SS: XXX-XX-1626

INSTRUCTIONS TO CUSTODIAN

The enclosed DOCUMENT requires that all records specified be submitted to COMPEX LEGAL SERVICES. Please make note of the specific instructions below for full and accurate compliance.

- Records must be received no later than 04/04/2016
- For information call 888-531-2919 and refer to Compex Order # G81944 K
- If fees for producing the requested documents and materials are over \$100.00, please contact our office for approval prior to producing any items.
- THE **CUSTODIAN'S AFFIDAVIT/CERTIFICATION** must be supplied with the records.
- Records must be submitted to:

COMPEX LEGAL SERVICES, INC
4870 Sadler Road, Suite 300
Glen Allen, VA 23060

Records **will** be accepted electronically using the information below and must contain a copy of the custodian's affidavit.

- Fax: 888-531-2922
- Secure Email: newproductionrecords@compexlegal.com
- Custodian Secure Upload Portal: <https://cpportal.compexlegal.com> - **for more information and a username and password, call (888) 531- 2919**
- If no records are available, please complete the enclosed **CERTIFICATE OF NO RECORDS**

Thank you in advance for your prompt attention to this matter. We appreciate your partnership in completing this request. Should you have any questions or concerns, please contact our office at 888-531-2919 or via email at cservice@compexlegal.com for immediate assistance.

(Page 1 of 2)

I HEREBY GRANT PERMISSION TO AND AUTHORIZE THE USE OR DISCLOSURE OF THE ABOVE NAMED INDIVIDUAL'S RECORDS AS DESCRIBED BELOW TO THESE DESIGNATED ENTITIES:

THE FOLLOWING INDIVIDUAL(S), MEDICAL PROVIDER(S), AND/OR ORGANIZATION(S) ARE AUTHORIZED TO MAKE THE DISCLOSURE:

Name	Address & Phone Number	Date Range of Treatment Requested
WELLSTAR MEDICAL GROUP, DOUGLASVILLE MED CENTER	DOUGLASVILLE, GA	ALL 2011-2016
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY	ATLANTA, GA	Last 5 years or less
Annette Patterson Attendance	Resource Conservation & Restoration Division	
Delphine Williams H 12 (Human Resource)	Delphine Payroll Williams wage records	

☒ MEDICAL INFORMATION (All Medical reports including but not limited to SOAPE notes, all other notes (typed or handwritten), records, charts, any letters, physical therapy records, lab reports and outpatient reports and discharge summary)

☒ MEDICAL BILLING

☒ X-RAYS/FILMS (MRI's, CT-Scans, and Reports)

☒ Personnel, Attendance, Employment, Payroll, Wage Records from an Employer or School

☒ Insurance records, including all claims, itemized billing, correspondence, payments, and all documents within the file

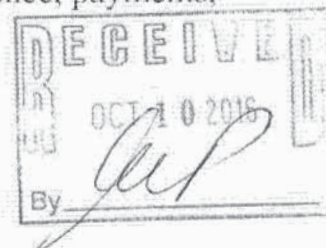
☐ Drug/Alcohol Information _____ (initial)

☐ Psychiatric Information _____ (initial)

☐ Results of an HIV Blood Test _____ (initial)

☐ Other: _____

RECEIVED
OCT 10 2011
BY [Signature]





Exclusions:

Last 5 years or less EPH Request

The above information is being obtained to assist said authorized entities in evaluation my claim for benefits or damages. A copy or facsimile of this document shall be considered as effective and valid as the original.

REVOCATION: I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this Authorization I must do so in writing and present my written revocation to the health information management department. I understand that revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

DURATION: Unless otherwise revoked, this Authorization will expire on the following date, event or condition: 1 year after signature date.

~~The covered entity cannot require the patient to sign the authorization in order to receive treatment or payment or to enroll or be eligible for benefits.~~

RE-DISCLOSURE: I understand that authorizing the disclosure of this health information is voluntary and that I am entitled to a copy of this authorization and acknowledge receipt of a copy thereof. I can refuse to sign this Authorization. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Debra Smith

Signature of Patient or Legal Representative

9-20-16

Date

If Signed by Legal Rep., Relationship to Patient (please print)

"Insurance Code 1879.2 - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." "For your protection California law requires the following to appear on this form."

**LETTER OF REPRESENTATION
FOR
RECORD RETRIEVAL**

Between ROBERT E. WILLIAMS, ESQ. (hereinafter referred to as "Client") and COMPLEX LEGAL SERVICES, INC. (hereinafter referred to as "Vendor").

RECITALS

- A. WHEREAS, Vendor is engaged in the business of retrieving copies of records, including but not limited to medical and employment records (hereinafter referred to as "Records");
- B. WHEREAS, Client has been authorized in writing or by law to obtain copies of Records; and
- C. WHEREAS, the purpose of this Letter of representation is to provide Custodians of Records with written proof of the authorization of Client to Vendor to obtain copies of Records for the purpose of claim evaluation/settlement.

NOW, THEREFORE, the parties agree as follows:

Client hereby authorizes Vendor for the sole and limited purpose of requesting and scanning Records on behalf of the Client. Client hereby elects Vendor to request Records for the purpose of scanning, digitizing and transmitting to Client all records produced.

A copy shall be deemed as valid as an original.

Client: ROBERT E. WILLIAMS, ESQ.

By: |S| ROBERT E. WILLIAMS, ESQ.

SCOTT L. ASTRIN
485 NORTH KELLER ROAD, SUITE 520
MAITLAND, FL 32751

Vendor: COMPLEX LEGAL SERVICES, INC.

By: |S| S. PRYTZ

COMPLEX LEGAL SERVICES, INC.
325 MAPLE AVE
TORRANCE, CA 90503

CUSTODIAN'S AFFIDAVIT

G81944 - K

As custodian of records for:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
61 FORSYTH STREET SOUTHWEST,
ATLANTA, GA 30303

In response to the request for records regarding;

RECORD SUBJECT: **SMITH, DELORES**DATE OF BIRTH: **07/17/1966**SOCIAL SECURITY#: **XXX-XX-1626**

(Please selected one of the following)

☐ I have produced and delivered a complete and true copy of all of the documents and/or materials as defined with no exception.

OR;

☐ I have produced and delivered all of the records/items requested with the following exception(s):

AND;

The items not included and described above have not been produced for the following reason:

FURTHERMORE, I am authorized to release requested records. Copies have been made of the original record and were made under my direction and control and are correct copies of such records. The records were made, kept and maintained by the person/entity named below in the regular course of business at or near the time of act, condition or event recorded herein.

I hereby certify and declare under the penalty of perjury under the laws of the State of GEORGIA that the forgoing is true and correct.

CUSTODIAN NAME (PLEASE PRINT)_____
DEPARTMENT_____
SIGNATURE OF CUSTODIAN_____
DATE

Compex Legal Services, Inc.

4870 Sadler Road, Suite 300

Glen Allen, VA 23060

Ph: 888-531-2919 Fax: 888-531-2922

email: newproductionrecords@compexlegal.com

Certificate of No Records

G81944- K

Record Subject: **SMITH, DELORES**
AKA:
DOB: **07/17/66**
SSN: **XXX-XX-1626**

I, the undersigned, being the duly authorized custodian of records or other qualified witness for the following entity:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
61 FORSYTH STREET SOUTHWEST
ATLANTA, GA 30303

With personal knowledge of the facts set forth below, and authority to certify said facts, do hereby attest as follows:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) A complete and thorough search of all active, inactive, and stored files has been made for the records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) All identifying information provided, including but not limited to, dates of birth, social security numbers, file numbers, dates of treatment or service, and names of involved parties was used in the search. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) All possible information that can be used to search for the records of the record subject named above was provided, and no further search with additional information is possible. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) All branch offices and other business locations for the entity listed above have been searched. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) All records from all branch offices and other business locations for the entity listed above have been provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) The entity listed above has no separate private records or other separate files, including consultations, treatment classifications or chronological files, that were in any way excluded from the search for these records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) To the best of my knowledge and belief, the entity listed above does not now and never has operated under other names or at other locations that were in any way excluded from the search for these records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) To the best of my knowledge and belief, none of the requested records currently exist. | <input type="checkbox"/> | <input type="checkbox"/> |

For any "No" answers, please provide a detailed explanation: _____

The records called for and described cannot be produced for the following specific reasons:

Records Requested Never Existed Lost Destroyed Retention Policy

☐ ☐ ☐ _____

Additional causes or details explaining why records cannot be produced:

I hereby declare under penalty of perjury, pursuant to the laws of the State of _____ that the foregoing is true and correct.

Executed on: _____ in _____
(Date) (City, State)

Signature: _____ Print name: _____

Compex Legal Services, Inc., declares that all information provided to Compex regarding these records and/or items requested was communicated to the custodian either in writing or verbally prior to the execution of this Certificate of No Records. All communication of same has been documented and can be produced to support this statement if required.